SIR,—I was most interested in Dr David Taylor Reilly's article (30 July, p 337) and Dr Tony Smith's leading article, for two principal reasons. Firstly, for some years now I have been helping to train medical doctors, along with dentists and psychologists, in the techniques of hypnosis as part of the training programme of the British Society of Experimental and Clinical Hypnosis. Secondly, general practitioners and hospital departments occasionally refer patients to me whom they think would benefit from hypnotherapy. These patients are referred largely because I am the author of an introductory book about hypnosis.[1]

I am concerned because both Dr Reilly and Dr Smith do not question the designation of hypnosis as an alternative medicine. But really it is not. When I worked as a clinical psychologist at the Maudsley Hospital I was sometimes referred patients for treatment after our case conferences. It was left open whether or not as a clinical psychologist I used hypnosis as a technique in any particular case as a means whereby abnormal conditions could be modified. I doubt if the doctors concerned would have regarded this as resorting to alternative medicine like colour therapy and the rest.

There is no such thing as hypnotherapy as hypnosis of itself has no therapeutic value, except as a placebo equivalent to a bottle of coloured water. It is merely a technique that is useful in implementing programmes of treatment. But to regard it as a magic alternative to the ordinary methods used in medicine is mistaken. It is useful in treating problems like insomnia,[2] asthma,[3] psychosomatic skin conditions,[4] and habit disorders,[5] but strangely enough the conditions for which it is popularly reputed to be useful—smoking, obesity, and alcoholism—are seldom effectively treated by hypnosis.[6]

In my view Dr Reilly hits the nail on the head when he points out that the important variable is the time that can be devoted to the patient. The alternative therapist can give the patient a special personal approach in which the usual problems of the busy surgery do not intrude. Should all general practitioners use the techniques of hypnosis? Yes, if they have the time. But, more importantly, they should learn *about* hypnosis in order to be able to assess when this technique is appropriate and when it is not. To this end the BSECH have published a descriptive booklist of about 100 titles, which I recommend.[7]

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[1] Gibson HB. *Hypnosis: its nature and therapeutic uses.* London: Peter Owen, 1977.
[2] Anderson JAD, Dalton ER, Basker MA. Insomnia and hypnotherapy. *J Roy Soc Med* 1979;**72**:734-9.
[3] Mayer-Loughnan GP, MacDonald N, Mason AA, Fry A. Controlled trial of hypnosis in symptomatic treatment of asthma. *Br Med J* 1962;ii:371-6.
[4] Bethune HC, Kidd CB. Psychophysiological mechanisms in skin diseases. *Lancet* 1961;ii:1419.
[5] Dengrove E, ed. *Hypnosis and behaviour therapy.* Springfield, Ill: C C Thomas, 1976.
[6] Wadden TA, Anderton CH. The clinical use of hypnosis. *Psychol Bull* 1982;**91**:215-43.
[7] Anonymous. *Books on hypnosis: an introductory guide.* London: British Society of Experimental and Clinical Hypnosis, 1983.

SIR,—It does not seem surprising that many patients with rheumatoid arthritis or backache should try alternative medicine as conventional medicine is not notably successful for these conditions. The interest shown by young doctors in alternative medicine is surprising, however, and I think a reflection on their teachers. If they had observed that their senior colleagues viewed with scepticism all treatments which had not been validated in a clinical trial, they might be less inclined to flirt with unproved treatments.

Dr Tony Smith rightly states that to use an untested method of treatment on "a few patients to see how they get on is scientifically —and I believe ethically—unacceptable." There must be few practising consultants who follow this good advice—perhaps because for many conditions there is no treatment that has received a statistically significant trial and been proved useful. Let me take two examples, the use of steroids in sudden hearing loss and grommets in serous otitis media: the former is a rare condition and few doctors can expect to see enough cases to make a trial possible, but the latter is common and there can be no excuse for the fact that no statistically significant trials have been made to determine the best method of treatment. The lack of good work on serous otitis media, the glue ear of young children, is difficult to explain, but perhaps if more consultants followed Dr Smith's advice we would have some answers and fewer young doctors would be turning to alternative medicine.

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SIR,—Why is it that therapeutic skills such as manipulation and hypnosis are referred to as alternative medicine? Surely they should be useful parts of the general practitioner's armamentarium to be used in treating patients when he finds them appropriate. It would appear from Dr Tony Smith's article that any treatment that does not come out of a bottle is alternative medicine. Little wonder that our patients are sometimes forced to go outside the profession for them.

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SIR,—Dr Tony Smith does not explain why 70 out of 86 general practitioner trainees are interested in alternative treatments. These young doctors who have just completed their training in scientific medicine are obviously not satisfied with the knowledge acquired during their training. According to Dr Smith, scientific medicine coupled with compassion provides a complete service to patients. All alternative treatments, he says, must conform to this pattern, which means that they too will if they pass the test be absorbed into conventional scientific medicine. I believe that the dissatisfied doctors are looking for some real alternative, which means that scientific medicine in spite of its obvious merits suffers from shortcomings which are made good by some forms of alternative medicine.

By being based on the principle of analysis, scientific medicine fragments the patient and identifies him with a disease, which means that his individuality is lost. Scientific classification cannot do justice to a person's body, mind, and spirit. In controlled clinical trials, the hallmark of medical science, only effects of recognised disease processes can be evaluated. If, for instance, John Brown had received holistic treatment aimed at helping his whole personality, and if after this treatment he had felt better as a whole (physically, mentally, and spiritually), the medical scientist would credit the treatment as successful only if it had proved superior to a dummy in a large number of cases all suffering from a certain disease. But this evaluation fails to do justice to John Brown, whose personality cannot be identified with the disease label.

The analytic, scientific approach also fails to take into account the effects of a person's lifestyle with regard to his health. Dr Smith refers to "some modifications to the diet" which sufferers from multiple sclerosis or rheumatoid arthritis might try. The body often responds to such changes, but these are not specific for a disease, as he implies. It is a response of the whole person, and it is aimed at stimulating the patient's vitality. As this is not measurable, it does not exist for the medical scientist. Dietetic changes in particular are for him changes in the supply of energy, but for a holistic practitioner a fast may be indicated, which means that no energy is supplied. Hence fasting, and prescriptions of periods on fruit juice, on raw fruit, or on salads only are excluded as treatments by the medical scientist, but they are of great importance for the holistic practitioner.

As such treatments cannot be evaluated in control experiments because they are outside the scientific diagnostic framework, the practitioner has to match them with an individual person's ability of response. According to Dr Smith a doctor who sees how his patients get on when receiving some alternative treatment —for instance, some dietetic modification—is acting in a way which is "scientifically and ethically unacceptable." Doctors interested in alternative medicine and the general public will find such stringency unacceptable.

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SIR,—There is little doubt that alternative medicine is here to stay. Just how long its more useful techniques remain alternative depends to a great extent on the attitudes of polarised groups within the profession. There have always been health seekers ("healers") and cure seekers ("curers") among doctors, and the rift between them needs constant attention. Health seekers use preventive health measures, basic advice and counselling, and generally non-invasive methods of management with the help of broad social parameters (such as morbidity statistics) and subjective indices of wellbeing (such as freedom from pain). Cure seekers are generally more relentless in their investigation and management, which proceeds more in the laboratory than in the consulting room, and which envisages a cure for each and every disease according to the results of double blind trials. The two approaches are not incompatible and must proceed hand in glove as our profession develops.

The answer, however, is not invariably that suggested in your columns—"applying the same standards of trial design and assessments as those applied to studies of new drugs"—despite the idealism implied. For many years patients have been telling us of the benefit they have received from alternative medicine—from the least up to the retiring president of the BMA. The time is ripe to listen sympathetically to the various prima facie cases and to study the enormous problems inherent in the double blind trial approach to establishing the validity of alternative methods. The degree of difficulty is at least as great as assessing the effectiveness of cytotoxic treatment by recording the patient's subjective sensations.